

SOIL AND WATER CONSERVATION COMMISSION

WATER QUALITY PROGRAM FOR AGRICULTURE

BEST MANAGEMENT PRACTICE

PAYMENT APPROVAL FORM

Project: _____

Project Sponsor: _____

Participant: _____

Contract No. _____

Contract Item No.(s) _____

Est. Cost-Share (\$) _____

In carrying out the terms of my Water Quality Program for Agriculture participant contract, I am requesting information on availability of cost-share funds prior to installation of Best Management Practices within the above contract item number(s) and amounts.

I anticipate beginning implementation of the above scheduled Best Management Practice(s) by _____ (date) and completing installation by _____ (date). If I do not complete installation within the time specified, cost-share funds allocated for this implementation may be released and I must re-apply.

I understand that approval of cost-sharing by the Soil and Water Conservation Commission is necessary for funds to be available upon completion of practice installation.

Participant _____

Date _____

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